PATENT Serial No. 09/517,018 # 11/ANC+ B & 2000 T.MCB et 18 1000 12 /15/00

ttorney Docket No. 450100-02393

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Hideaki OKAMURA

Serial No.

09/517,018

Filed

March 2, 2000

For

DATA PROCESSING APPARATUS, DATA PROCESSING METHOD, AND PROGRAM PROVIDING MEDIUM

Art Unit

2126

Examiner

TRUONG, Lechi

DEC 1 5 2003

Technology Center 2100

745 Fifth Avenue

New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Hans R. Mahr, Reg. No. 46,138

Name of Applicant, Assignee or Registered Representative

December 8, 2003

Date of Signature

AMENDMENT

Mail Stop AF Commissioner for Patents Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of July 7, 2003, please amend the above-identified application as follows:







IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Hideaki OKAMURA

09/517,018

DATA PROCESSING APPARATUS, DATA PROCESSING METHOD, AND

PROGRAM PROVIDING MEDIUM

Filed

.For

March 2, 2000

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Examiner

12/12/2003 DTESSEM1 00000012 09517018

Group Art Unit

2126

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420.00 OP

MAIL STOP AF COMMISSIONER FOR PATENTS Alexandria, VA 22313-1450

<u>X</u>

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DEC 1 5 2003

Technology Center 2100

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

No additional fee is required.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply. Claims as Amended

			Cialilis as Allicitucu			
(1)	(2) Claims remaining	(3)	(4) Highest number	(5)	(6)	(7)
	after amendment		previously paid for	Present extra	Rate	Additional fee
Total claims	38	Minus	38 =	0 ×	\$18(9)	= \$0.00
Independent claims	6	Minus	6 =	0 ×	\$86(43)	= \$0.00
	·		Total additional fee for This amendment			= \$0.00

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290 (\$140) has been previously paid _, or is paid

 \boxtimes This response is being filed within the second month following the expiration of the term originally set therefor. This is a petition to request a 2-month extension of time. A check covering the cost of the petition is

Other Attachments: Request for Approval of Drawing Corrections; Fig. 12 (Changes Marked in Red)

A check in the amount of \$420.00 is attached, which covers the cost of additional claims and with two -month petition for extension of time.

Charge \$_ to Deposit Account No. 50-0320.

 \boxtimes Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Hans R. Mahr, Reg. No. 46,138

Name of Applicant, Assignee or Registered Representative

Signature

December 8, 2003

Date of Signature

FROMMER LAWRENCE & HAUG, LLP Attorneys for Applicant(s)

By: William S. Frommer

Reg. No. 25,506 Tel. (212) 588-0800